

The Grovecare (UK) Limited

The Grove Residential Care Home

Inspection report

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West Ashby
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The Grove is a residential care home for up to 19 older people including those with dementia and/or sensory impairment. The home is a detached listed property, set in extensive grounds. Accommodation is provided on several floors in 13 single rooms and three shared rooms.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection, on 1 June 2016 we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Processes were in place to keep people safe. Risks to their health and safety were assessed and reviewed regularly and actions were taken to reduce these risks. Incidents were reported, investigated, and action to prevent recurrence, were identified. People were protected as far as possible, from abuse and the registered manager was aware of the reporting requirements. There were sufficient numbers of staff with the right qualifications, skills and experience to provide a high standard of care. Medicines were managed safely.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Arrangements were in place to maintain good standards of hygiene and cleanliness and people were protected by procedures to prevent and control infection.

People continued to receive an effective service. Staff had access to best practice guidance and this was utilised to plan people's individual care. Staff received the training and support they required to meet people's individual needs. People were provided with a healthy and nutritious diet and were provided with the support they needed to eat and drink sufficiently. Staff worked well with external health care professionals and people were supported to access health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

Staff were caring and compassionate towards the people they cared for and we observed a relaxed, friendly atmosphere within the home. Feedback from people using the service and their relatives was extremely positive about the attitude, attentiveness and responsiveness of staff. People described the home as "A home from home." They emphasised the personal service, the friendly atmosphere, and the support they received from staff. People felt involved and listened to.

People continued to receive care that was responsive to their individual needs. Staff had a detailed knowledge of the people they cared for and they responded effectively to their needs and wishes. People

were treated equally, without discrimination and information was accessible. People were encouraged to maintain their relationships and contacts outside the home. A wide range of activities were provided, based on people's interests and wishes.

The registered manager provided good leadership and support to staff. The views of staff, people using the service and relatives were actively sought and listened to. Quality audits were in place to enable continuous improvement in the quality of the service provided. Representatives of the provider visited the service regularly and provided the opportunity for staff and people using the service to provide feedback. They completed quality monitoring audits.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Grove Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection visit took place on 20 November 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to this inspection, we reviewed information that we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit, we spoke with three people who used the service and a relative, to obtain their views about the service they received. We spoke with the registered manager, two care staff, a head housekeeper, the chef, and three visiting professionals: an older people's case manager, a community nurse, and a representative of the commissioners.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and associated documents. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the quality assurance audits the management team had completed.

Is the service safe?

Our findings

People were cared for by staff who knew how to protect them from avoidable harm and people told us they felt safe at the home. The registered manager had put systems and processes in place to minimise the risk of abuse and staff were aware of their responsibilities to report any concerns in this regard. Staff told us they would report any concerns to the registered manager in the first instance, or the provider, and were confident they would take action to address any concerns they raised. They were aware of how to escalate issues to the local authority safeguarding team or the CQC if necessary. Staff we spoke with, said the required pre-recruitment checks were completed prior to their employment and the registered manager confirmed this was the case.

Staff monitored risks to people's health and safety, such as their risk of falls and risk of developing pressure ulcers and actions were taken to reduce the risks. Staff reviewed the risks on a monthly basis and in this way, additional actions that needed to be taken were identified. For example, people at risk of pressure ulcers were assisted to move their position regularly and staff liaised with other professionals to ensure pressure relieving mattresses and cushions were provided for the person. Staff completed incident forms when incidents and accidents occurred and the registered manager reviewed these to identify any learning from them.

People were supported by sufficient numbers of staff, who had the right mix of experience and skills. People using the service and their relatives told us they felt there were enough staff available to provide the care and support people required. Staff also said they felt there were enough staff to respond to people's needs and keep them safe. During the inspection, we observed staff responding to people calmly and efficiently; in a timely manner. They were organised and communicated effectively and professionally with each other, people using the service and visitors. Staffing levels were set to provide the level of support each person required and when the dependency of people using the service increased, additional staff were rostered to ensure their needs were met. The registered manager told us they were currently increasing staffing levels at night, as there were people who required regular care during the night. They said they had obtained an electronic staffing tool to calculate required staffing levels, based on the needs of people using the service, and they were intending to use this as a objective check in the future.

People received their prescribed medicines safely. Processes were in place to ensure people's medicines were available when needed and people told us they received their medicines regularly. We observed the administration of medicines and saw staff made the necessary checks prior to administering each person's medicines and stayed with the person until they had taken them. Medicines administration records (MARs) indicated people received their medicines as prescribed. MARs mostly contained a picture of the person to aid identification and a record of any allergies. There was no information stored with the MARs to provide the additional information required to ensure medicines, prescribed to be given only as required (PRN), were given consistently and safely. However, people's medicines care plans provided information about how they liked to take their medicines and provided additional information about each of the person's medicines, including those to be given PRN and the purpose for which they were prescribed. The registered manager said they would ensure the information was added to the MARs folders. Staff had received training

about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way and a recent audit was completed by the local pharmacist.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Housekeepers kept the home clean and tidy and kept records to show that all areas were cleaned regularly. Staff were aware of the steps they needed to take if a person developed an infection, to reduce the risk of the spread of infection to others. There were plans in place for emergency situations and each person had a personal emergency evacuation plan.

Is the service effective?

Our findings

Staff assessed people's physical, mental health and social needs and their care and support was planned and delivered in line with legislation and evidence-based guidance. Best practice guidance was displayed in the staff areas in relation to falls prevention, urinary catheter care, health and safety, moving and handling and the Mental Capacity Act (2005).

People told us staff were knowledgeable and looked after them well. One person said, "You really can't fault it here; the care, the service, the staff, the food, everything is very good." A visitor said their relative was prone to specific infections and said, "Staff are really alert and keep an eye on it and at the first signs, they check and call the doctor when necessary." All the professional visitors gave extremely positive feedback about the home and the care provided. It was clear from speaking with people and reviewing care records, that people using the service had access to other care professionals when required and staff liaised effectively with them.

Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and were encouraged to undertake further professional development. The manager told us they encouraged staff to undertake nationally recognised qualifications in care and staff confirmed this. On the day of the inspection a representative from the local college was visiting the home to see three members of staff who were undertaking a qualification through the college.

Consent was sought before care and support were provided and records showed people had signed to give their consent for some processes and procedures. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and DoLS. We found Deprivation of Liberty Safeguards applications were made when necessary. People were supported in the least restrictive way and they had access to all areas of the home including the gardens. People told us they were able to leave the home if they wished and staff provided support when they needed it. Staff understood the principles of the MCA for their practice. However, mental capacity assessments and decision making in relation to decisions about the administration of medicines and the use of bed rails were not always documented. However, staff were able to explain why the measures were needed and why they were the least restrictive option for the person. The manager agreed to review the documentation and address this.

People were supported to eat and drink enough and maintain a nutritious, balanced diet. We observed that food was fresh and meals were prepared and cooked on the premises. Staff told us the ingredients were mostly sourced locally. The chef was knowledgeable about peoples' needs and preferences and menus were based on this. They said they flexed the menu according to the availability of fresh produce and people's wishes on the day. People told us they enjoyed the food; one person said, "The food is good and I can eat what I want, when I want it." Visitors commented on the home cooking and the extra mile the chef went, to prepare food suited to the needs of people being cared for. Staff closely monitored the amounts people ate and drank and provided support and encouragement when this was required. Records indicated that those people who were nutritionally at risk and required support, were maintaining their weight and we observed staff paying close attention to people at mealtimes and supporting them to maximise the amount they ate.

The premises and environment met the needs of people who used the service and were accessible. There was redecoration underway at the time of our visit.

Is the service caring?

Our findings

People told us staff were caring and attentive. One person said, "They are a really nice bunch of staff, you couldn't get better. They help you all they can." Another person said, "If you are upset about anything, they come and sit with you and make you feel better." A visitor said, "It's a home from home for people," while another said, "Staff are friendly, it's a really homely place and all staff are helpful." They went on to say it was the little touches that made it special, and told us of the time when the registered manager went to the local fish and chip shop to provide fish and chips for people spontaneously when it was suggested. A person using the service said, "It's my home and I like it! It really feels like home."

We observed people and staff interacting throughout our inspection visit. People were clearly comfortable with staff and there was lots of friendly banter and jokes. All of the staff were friendly and showed genuine warmth towards people. They communicated well with people and we observed some staff with exceptionally good interpersonal skills, creating a family atmosphere. People said things such as, "The atmosphere here is good," and a visitor said staff were, "Really good at rallying their (family member) round." Another person commented on the atmosphere saying, "It is like a group of elderly friends sharing a home together."

People and relatives told us visitors could come at any time. A visitor said, "Our routine of dropping in to see (family member) has not changed since they came to live here. We just turn up and are always welcomed." They went on to say how they came to see their relative in just the same way as they had done when they were at home and it felt like the person was at home.

Staff promoted people's privacy and dignity. We observed them knocking on doors before entering and they were very aware of people's preferences, telling us when a person liked to stay in bed late but were happy to see visitors, and other times when a person may not want to be disturbed. A member of staff said, "Sometimes people forget to close the door when they go to the toilet, so we pull the door to when we go past to protect their dignity."

People and their families were involved in their initial care plan and in reviews of their care plans. One person said, "We were involved; we know where the care plan is kept and that we can look at it at any time." Staff told us how they sat down with people on a monthly basis and talked with them about their care and any changes to their care needs.

Is the service responsive?

Our findings

Staff provided care that was personalised and catered for people's individual needs. They showed an in-depth knowledge of the people they cared for, their life history, relationships and anxieties. Staff commented that they loved working at the home because they were able to provide person centred care; they were able to give people attention when they needed it and did not have to rush them. They commented they enjoyed being able to spend time with people and do small things for them that made a difference to their well being. For example, they told us about a person who was cared for in bed at the time and they liked to see the garden and wild life, so they brought them down to the lounge by the window overlooking the garden.

We found people's care plans reflected the personalised approach to care and provided detailed information about the person's preferences and the knowledge staff had gained about their interests and life history. They were reviewed and evaluated monthly to ensure they remained up to date and changes made as required. Staff we spoke with told us hand over meetings were held daily and these provided a good level of information about each person, to ensure they were aware of any changes to each person's needs.

People were encouraged to maintain their interests and join in social activities. We noticed one person was knitting and they told us they had always done a lot of knitting, while another person had a pile of books by them and staff told us they liked to read at night. People spoke about regular visitors who provided movement and mobility sessions once or twice a week, a pat dog three times a week and reminiscence therapy. The mobile library visited monthly and we saw there were bookcases in the communal areas with a wide range of books. People were able to attend bible classes and readings with members of the local church. We saw photographs of people planting seeds and preparing vegetables from the garden in the warmer months. There were raised vegetable beds and pots of flowers, that people were able to help care for. A person using the service was assisted to make a cake for their relative's birthday as this was something they had done in the past and wanted to do again. Their family had written, saying how much this had meant to them. Staff told us of events they had held such as a harvest festival when they donated tins of food for a homeless charity, Halloween celebrations and plans they had for Christmas, including an Xmas jumper day, Elf day, Christingle afternoon and three Christmas parties.

The provider ensured people were protected under the Equality Act 2010. The registered manager was not aware of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss; however, they were able to tell us about things they did to make information accessible to people. Information was available in large print, they used picture cards for people with communication difficulties and cards for people with visual impairment. The library provided large print books and the home also had their own large print books and audio books.

The complaints procedure was available in the front entrance to the home and people and their relatives were given a copy with the home's statement of purpose when they first came to the home. People told us

they were able to raise any concerns with staff or the manager and they were confident they would be dealt with.

People's preferences and choices for their end of life care were recorded in their care plan. No one was receiving end of life care at the time of the inspection; however, when we reviewed some of the thank you cards received, we saw two of these from relatives whose family member had received end of life care at the home. These were very complimentary. For example, "(Name) had a new lease of life at The Grove. They received care that was second to none and you made (the person) very happy for the last few months of their life." Another said, "Thank you for the care and compassion shown to us in their last few days... excellent, committed staff."

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to, such as notifications of changes or incidents that affected people who used the service.

The people using the service and their relatives had confidence in the registered manager and their ability to manage the service. One person said, "(The registered manager) is a star," while someone else described the registered manager as, "Fabulous." Staff told us the registered manager was a very good manager, saying they were organised, calm, fair and listened to people. They said "He doesn't get frustrated about things and sees them through." They said that when necessary, the registered manager assisted with care. We saw the registered manager used planning tools to ensure events such as supervision, appraisal, meeting dates etc. were scheduled at regular intervals. We were told that representatives of the provider visited the home at least twice a week and that while they were there, they spoke with people using the service and with staff.

Staff confirmed they had regular staff meetings and they were encouraged to express their views. They told us communication was very good and they were kept up to date with developments. Staff told us they had supervision four times a year and an annual appraisal. Both of these were constructive; they were given positive feedback and their training and development needs were discussed.

People using the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. A new member of staff said one of the people using the service was involved in their recruitment interview and asked very pertinent questions. People were sent surveys to complete and the registered manager and provider spoke with people individually. One person using the service said, "They come and ask me sometimes if everything is alright and if there is anything they can do to improve." People did not always recall having residents meetings; however, we saw records of regular meetings and the registered manager said they tried to make it informal and more like a chat. They sometimes held them in the dining room before, or after a meal, or in the lounge.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly audits were completed by the registered manager and provider. External independent audits were also completed of areas such as medicines. Actions to address areas for improvement identified in the audits were documented and dealt with promptly. The provider had a whistleblowing policy and staff were aware of it. The registered manager told us that some of the policies were due for review and they had a schedule in place to address this. They showed us an example of the safeguarding policy which had been updated, which reflected current best practice guidance.